Department of Labor and Industries Electrical Section PO Box 44460 Olympia WA 98504-4460



APPLICATION FOR AMUSEMENT RIDE INSPECTOR CERTIFICATION

| \$20.00 FEE MUST ACCOMP | PANY COMPLETE |) APPLICATI | ON |
|---|---|--|--|
| Name: | | | Telephone Number: |
| Address: | City: | State: | Zip + 4: |
| Birth Date: | Social Securit | ty Number (For iden | tification purposes only): |
| WAC 296-403A-170 Amusement ride inspector qualific minimum qualifications: | eations: An amusement i | ride inspector sha | ll have the following |
| Two years experience with an insurance company as 2. Two years experience inspecting amusement rides as governmental body regulating amusement rides; or Not less than five years documented field operating including responsibility for erection, assembly, disas maintenance and operating functions; or Not less than ten years document practical experience and operation of amusement rides and devices as an manufacturer. In addition to the above criteria an amusement ride sedemonstrating competency by: (a) Passing a competency examination administered (b) Passing a test administered by the National Assometical individuals who are certified by the department be | and maintenance experissembly, personnel superce in the design, construauthorized representatives afety inspector must be d by the department; or ociation of Amusement d by the department, as a | ence with amuse ervision responsible ction, maintenance we of a recognized certified by the care Ride Safety Offician amusement rides. | ment rides and devices, polity for erection, ce, repair, field inspection d amusement ride department after cials for NAARSO Level te inspector. |
| take and successfully pass one of the examinations in (a) become certified without testing if the department current | or (b) above. Individu | | |
| An amusement ride inspector may work without certificathe inspection process by a certified amusement ride insp | | ectly and continu | ally supervised during |
| Name of Employer: | | | |
| Address: | City: | State: | Zip: |
| Name of Employer: | | | |
| Address: | City: | State: | Zip: |
| NOTE: You must attach a notarized affidavit F500-066-verifying the experience required and copies of any appl | | ement Rides or the | ne back page of this form |
| I hereby certify that the statements on this application ar (See RCW 67.42 and WAC 296-403 for penalties for fall | | • | • |
| Applicants Signature: | | I | Date: |

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AFFIDAVIT FOR AMUSEMENT RIDES

THE FOLLOWING MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE

WAC 296-403A-170 Amusement ride inspector qualifications: An amusement ride inspector shall have the following minimum qualifications:

- 6. Two years experience with an insurance company as an amusement ride inspector; or
- 7. Two years experience inspecting amusement rides and enforcing amusement ride codes while employed by a state or governmental body regulating amusement rides; or
- 8. Not less than five years documented field operating and maintenance experience with amusement rides and devices, including responsibility for erection, assembly, disassembly, personnel supervision responsibility for erection, maintenance and operating functions; or
- 9. Not less than ten years document practical experience in the design, construction, maintenance, repair, field inspection and operation of amusement rides and devices as an authorized representative of a recognized amusement ride manufacturer.
- 10. In addition to the above criteria an amusement ride safety inspector must be certified by the department after demonstrating competency by:
 - (c) Passing a competency examination administered by the department; or
 - (d) Passing a test administered by the National Association of Amusement Ride Safety Officials for NAARSO Level II or other certification organizations recognized by the department, as an amusement ride inspector.

AFFIDAVIT OF EXPERIENCE

| l, | , cer | tify that, |
|-----------|---|---|
| Co | mpany/firm Authorized Representative | Name of Applicant |
| Has wo | rked for | |
| | Name of Company/Firm | |
| In the ca | apacity indicated below. | |
| (CHEC | K ONE) | |
| | Insurance company amusement ride inspector | |
| | Governmental amusement ride inspector | |
| | Operation and maintenance of amusement rides | |
| | Authorized representative of a recognized amusement | t manufacturer |
| | | |
| | | |
| | | |
| | | Signature of Company/Firm Authorized Representative |
| | | Subscribed and sworn to before me on this the |
| | | |
| | | Signature of Notary Public |
| | | Residing at |
| | | |
| | | My commission expires: |